

Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:	Friend	15 of John	Burton TR.	
Account Number:		Date	e of this Report: 4.3007	
REPORTING PERIOD:	FROM: 4	.03.07 то	4.30.07	
Check the box that applies	s to this report:			
Primary Election	□ 8-DAY	☐ 30-DAY	Office:	
General Election	□ 8-DAY	□ 30-DAY	41st District House Rep	ř.
Other Election	□ 8-DAY	□ 30-DAY	•	
Special Election	S 8-DAY	☐ 36-DAY		
Year End Report	Final Organi	zation Closing	Closing Date:	
regulations regarding Car	npaign Finance and	the election process in th	age is accurate and correct. I agree to abide by all rules and se State of Delaware. I understand that representatives from all information provided on this report.	
TREASURER SIGNATURE	datagl	545	4.38.07 DATE	
10 mas	_1 1			



STATEMENT OF ACCOUNT BALANCE

A	CCOUNT #:	No. of Contract of	REPORTING PERIOD:	4.03.07	4.30.0
				FROM	то
1.		NG BALANCE Balance from last reporting po	eriod)		-
2.	RECEIPT	S:			
	Α.	SCHEDULE A - TOTAL	RECEIPTS		
	B.	SCHEDULE C-1 - TOTA	L IN-KIND CONTRIBUTIONS		
	C.	SCHEDULE D-1 - TOTA	L LOANS RECEIVED		
	D.	SCHEDULE E - TOTAL	EXPENSE REIMBURSEMENTS RI	ECEIVED	-
	E. SU	BTOTAL (Total of A, B, C, D))		
3.	EXPEND	TURES:			
	F.	SCHEDULE B-TOTAL	EXPENDITURES		1
	G.	SCHEDULE C-2 - TOTA	L IN-KIND EXPENDITURES		9
	H.	SCHEDULE D-2 - TOTA	L LOAN PAYMENTS		
	I.	SCHEDULE E - TOTAL	EXPENSE REIMBURSEMENTS PA	AID	
	J. SU	BTOTAL (Total of F, G, H, I	1)		1
4,		BALANCE g Balance plus 2E, minus 3J)			a nd and and and and and and and and and a
5.	VALUE O	F NON-CASH ASSETS (Fro	m Schedule F)		
6.	VALUE O	F DISPOSED/TRANSFERR	ED ASSETS (From Schedule G)		
7.	VALUE O	F LOANS AT END OF PERI	IOD (Loan Balance from Schedule D-	2)	Table 1
8.	CLOSE O	UT BALANCE (Must equal z	zero if Committee closed)		
	Campaiga Fir	nance Section	Page 2 of 11		Financial Reports (07/04)



SCHEDULE A - TOTAL RECEIPTS

ACCT#:	REPORTING PERIOD:	1.03.07.	4.30.07
		FROM	TO

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

RECEIPTS IN EXCESS OF \$100:

Date Received	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
	Contributor Name John Burton JR II II II II II II II II II II II II	Mailing Address 20 Mill Hone have Milshorn De u h u y li li li li li ti li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li li		Amount Received 49,90 113.37 45.12 7.68 1,99 49.00 10.97 51.3 35.68 376.00 320.00
	CEIPTS IN EXCESS OF \$100			

TOTAL RECEIPTS IN EXCESS OF \$100

1131.73

TOTAL RECEIPTS NOT IN EXCESS OF \$100

GRAND TOTAL RECEIPTS

THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, FTEM 2A)



SCHEDULE B - TOTAL EXPENDITURES

ACCT#:		REPORTING PERIOD: 4.	03.07	4.30.07
of the amoun	ot. NOTE: IF you expend funds to the d if the aggregate amount is over \$10	g period. All expenditures to Political Commi same person or organization several times dur 10, even if the individual amounts are not.	FROM ttees must be itemized, r ring the reporting period	TO regardless , each item
Date	URES IN EXCESS OF \$100:	1		
Expended	Payee Name	Payee Mailing Address	Aggregate Amount	Amount Expended
4.06.67	MR COPY			The state of the s
40507	Kinka's	20200 Coastal Hwy Kehol		49.90
4 12 67	WalMart	begraetown De	na.	1/3/3/
42100	Harry Hally	I Back hey Cre. Mills Dard	Op.	48.15
EL ICK	Colodia Succes	10 E Du HAT HWY MILLSTON		1.99
4 42 17	Casella's	Back Bay Cte Millson of	O De	17.89
4.04.01	BR CODY	20200 Godstal Jwy Ketor	WHA BOARL DO	1107
4000	(Bakers Nardubre	I Willshop . Ne	DITTAL COLLEGE	16.97
U27 67	FOOD HON	Hilshorp De		8112
475.07	Dubber Lumber	Wills horo De		35/08
42717	Wilkins Custon Pldra	Millson De		30/2 60
41707	Josh Marwood	KONODOHLBOCK De		320.00
4.23.07	Josh Norwood	Rahamoth Barch De		500
	J PENDITURES IN EXCESS OF \$1			113173
TOTAL EX	(PENDITURES NOT IN EXCESS (OF \$100		

GRAND TOTAL EXPENDITURES

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)

ACCT#:

Pelaware **PECTIONS**SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

REPORTING PERIOD:

Date Date	Contributor Contributor	T VALUE LESS ANY PAYMENTS YOU MADE FO		
Received	Name	Mailing Address	Description of Contribution	Estimated Value Receive
	West and the second sec			
		19091134969		
				+
		PROGRAMMENT HERE IN A SECONDARIA CONTRACTOR AND A SECONDAR		
	3 - W 10			

GRAND TOTAL IN-KIND RECEIPTS

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, A21STATEMENT OF ACCOUNT BALANCE, ITEM 2B)

ACCT#:



REPORTING PERIOD:

SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

			FROM	то
NOTE: If you pay is	n-kind expenditures to the same	e or less than fair market value in excess of s person or organization several times during t	the reporting period.	
	sted if the aggregate amount is	over \$100, even if the individual amounts ar	e not.	
	당하다 어느 아이를 살아가 있어요? 하나 이번 이번 가장 전기가 있어 있다면 이번 하지 않아 있다.	CET VALUE LESS ANY PAYMENTS YOU RECE	IVED FOR THE GOODS OR SERVICE	S)
Date Expended	Payee Name	Payee Mailing Address	Description of Expenditure	Estimated Value Expende
	7.11.11.77.7			

-				
		the street in the street in the street		
TOTAL IN-KIND	EXPENDITURES IN EXCES	S OF \$100	-	
TOTAL IN-KIND	EXPENDITURES NOT IN EX	CCESS OF \$100		

GRAND TOTAL IN-KIND EXPENDITURES

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)

Delaware	
elections .	
SCHEDULE D-1 - LOANS	RECEIVED

		REPORTING PERIOD:	FROM		го
	50 RECEIVED DURING THIS REPORTING PE IN EXCESS OF \$50:	RIOD should be itemized on this schedule. NOTE: These loans mu	st also be listed on Schedule D-2.		
Inte ceived	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Amo Rece
	20-74/9Ab				
		W			
_	402		NAME OF THE OWNER OWNER OF THE OWNER OWNE	-	
+					-

	36				
_				-	
_			-1110 17 570	$\overline{}$	

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Debbie Waddington1

SCHEDULE D-2 - LOANS

REPORTING PERIOD:

OL

All outstanding losses in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidate's Personal Funds and Other Contributors.

Date Received	Poste Lender Name Received and Mailing Address	Endurger Name and Mailing Address	Description of Security	Jut Rate	Original Loun Amount	Payments Made
		The section of the se				
	77.7		The state of the s			
			ile manifeliation of			
		2				

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ACCT#:

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SCHEDULE E - EXPENSE REIMBURSEMENT	S

REPORTING PERIOD:

FROM

TO

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Date	rs Received (Monies paid to you as reimbursement Reimburser Name	Description	Activity	Total	Reimbursemen
Received	and Mailing Address	of Activity	Date	Expense Amount	Received
		7/4100			
					39 3033 310 11
and the state of the state of the state of the	SEMENTS RECEIVED ECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2, STAT	MENT OF ACCOUNT BALANCE, (TEM ID)			
EIMBURSEMENTS R	ECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2, STAT TS PAID (Monies paid by you to reimburse others for	expenses they incurred.)	Ashirke	Table	D. L.
EIMBURNEMENTS R	ECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2, STAT	10 Miles 12	Activity Date	Total Expense Amount	Reimbursemer Paid
EIMBURSEMENTS R EIMBURSEMENT Date	ECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2, STAT FS PAID (Monies paid by you to reimburse others for Payee Name	expenses they incurred.) Description			
EIMBURSEMENTS R EIMBURSEMENT Date	ECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2, STAT FS PAID (Monies paid by you to reimburse others for Payee Name	expenses they incurred.) Description			
EIMBURSEMENTS R EIMBURSEMENT Date	ECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2, STAT FS PAID (Monies paid by you to reimburse others for Payee Name	expenses they incurred.) Description			

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ELEMANTSSCHEDULE F - NON-CASH ASSETS

REPORTING PERIOD:

ACCT #:		REPORTING PERIOD:	
		FROM	м то
ltemize all non-cash asset		id for by the organization, lent to the organization and contributed	to the organization.
Date Date	Description	Location	Value
Received	of Asset	of Asset (Physical Address)	of Asset
			-
	P. C.		
			1
		+	+
			+
		*	
			+
			1
	1/10 p. 470, 570, 480		
			L

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TOTAL ASSET VALUE

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TOTAL ASSET VALUE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5)

Pelaware PECTORSSCHEDULE G - ELIMINATION OF ASSETS

REPORTING PERIOD:		
	FROM	TO

Itemize all non-cash assets disposed of, transferred or sold by the organization during the reporting period.

ATI	NO	NC	CII	ASSET	c

Diminated of Asset	of Asset	Receive
		1
		1
		- 1
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